PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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JUL 25 2018

NEW HAMPSHIRE PARTMENT OF STATE

I. Name of Lobbyist(o) lasen	7. Dog	<u>k</u>	DEPARTMENT OF
II. Name of lobbyist's	s partnership, firm or coi	poration, if any:	1	
N.H. Tim	neclard 0	where A	ssociation	
(Nan	ne of partnership, firm or corr	oration)		
54 Today	\mathcal{D}	o rood	N4	A2321
Business Address: (Str	reet)	(Town/City)	(State)	(Zip Code)
((0) 224-96	99 (/3)	125-1396	e-mail > Sto	4011
(Telephone)	(63)	(Fax)	e-mail	ekianh loa.org
	vers: (Choose one – file s ansactions which are not			y file a separate report for
All reportable trans	sactions occurring in the m	onths prior to the repor	rting date relative to the	following client:
N.H. Tim	(Full Name of Client as it a	ners on the Lobbyist Re		
OR	(1 un 1 une of Chent as it a	pears on the Ecologist Re	gistration Form)	
		cluding the lobbyist's fa	amily), or the lobbying	firm listed below which are
IV. Date of Report	April 25, 2018 🛚		July 25, 2018	
Reports cover: activi	ity from date of registration t	o 3/3 1/18 activit	y from 4/1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to 9/30/1	8 activi	January 30, 2019 🗌 ty from 10/1/18 to 12/31/1	18
	no fees received and n complete just this form and			
VI. Check if addition	al reports are attached:			
	ed fees or made expenditu	es, you must file Adde	endum A- Fees and Exp	penses
If you have paid as Expense Reimburseme	n honorarium or reimburse ent	d expenses, you must f	ile Addendum B – Rep	ort of Honorariums or
If you, your firm,	or your family has made po	olitical contributions, y	ou must file Addendun	n C- Political Contributions
I have read RSA 15, R	irmation by Lobbyist SA 15-B, RSA 14-C and F st of my knowledge and be		rear or affirm that the fo	oregoing information is true
\bigcirc		<u></u>	July 25, 20	018
(Signature of lobbyist) _ \		/ (Date	2)

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s)	
(Name of partnership, firm or corporation)	c. Date 7/23/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 13 752 95
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ 12, 111. 52 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 25, 864.47
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example).	dient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all

lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.

b) \$ _______

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 15, 933.50
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	d)\$ 15, 933.50 e)\$ 16,212.50 f)\$ 32, 146
f) Total of all expenses year to date	ns 32, 146
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	,
Paid to:	Amount:
	s
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist) (Signature of lobbyist)	July 25 2018 (Date)
(1 Intervalue of 1000 flat)	

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NEW HAMPSHIRE DEPARTMENT OF STATE

P L E A S E

P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or_ **Expense Reimbursement**

Addendum B (RSA Chapter 15:6) RECEIVED

JUL 25 2018

NEW HAMPSHIRE PARTMENT OF STATE

I. Name of Lobbyist(s) Jase A. Stock NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partnership, firm or corporation, if any: (Name of partnership, firm or corporation) III. Name of Client N. H. Timberland Owners Assoc. Date 7/23/18	
State the full name of the person receiving the honorarium or expense reimbursement: State the full name of the person receiving the honorarium or expense reimbursement: State the full name of the person receiving the honorarium or expense reimbursement: Middle Name/Initial	-sites wilst ver plan
(If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.) Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	

STATE OF NEW HAMPSHIRE



Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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JUL 25 2018

I. Name of Lobbyist(s)	Jason H	, Stock		EW HAMPSHIRE RTMENT OF STATE
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	[DELY	KIMENT OF STATE
		ers Associ	ration	
Name of parts III. Name of Client N H Political Contributions For each political contributions client/lobbyist and lobbying	ion that is reportable	Durers Dis	oc. Date $\frac{1}{2}$,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initi	·)
Amount of contribution \$	50	Office Candidate is	Sceking	derce to
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	ve for amount of contribu	tion. If the actual cost is	s not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initia	<u> </u>
Amount of contribution \$			9	
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	a description of the goods ve for amount of contribu	s or services provided, a tion. If the actual cost is	nd enter the s not known,
Full name of candidate:				
	(Last Name)	(First Name)	(Middle Name/Initia	d)
Amount of contribution \$		Office Candidate is	Seeking	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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JUL 25 2018

I. Name of Lobbyist(s)	Josen.	A. Sto	,de	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's par	tnership, firm or cor	poration, if any;	`	THE STATE
Name of parts	berland Constrain)	Duner As:	sociati	<u> </u>
III. Name of Client <u>NU</u>	Timberland	Owners Asso	<u>≥</u> Date	33/18
Political Contributions For each political contribut client/lobbyist and lobbyin			er 664 paid on	behalf of the
			<u></u>	
Full name of candidate:	Bradley (Last Name)	(First Name)	(Middle Na	ne/Initial)
Amount of contribution \$	50	Office Candidate is	Seeking Sta	te Senate
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov			
Full name of candidate:	A vord (Last Name)	(First Name)	(Middle Na	ne/Initial)
Amount of contribution \$	50	Office Candidate is S	Seeking Sta	& Sent
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov			
Full name of candidate:	T coi's (Last Name)	(First Name)	(Middle Na	me/Initial)
Amount of contribution \$	(Cast Name)	Office Candidate is 5	•	. Ó 1

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amoun enter an estimated value and the word "estimate."	
	
(If more than three contributions were made, report additional contribution	os on senarate addendum C forms
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is on separate addendant o torns.
Sworn Statement/Affirmation by Lobbyist	is on separate addendant & forms.
	ear or affirm that the foregoing information

(Print Name of lobbyist)

(Signature of lobbyist)

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NEW HAMPSHIRE DEPARTMENT OF STATE

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

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NEW HAMPSHIRE DEPARTMENT OF STATE

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: N.H. Timberland Owners Associa
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): N. H. Timberland Owners Association
Date of Report (check one):
April 25, 2018
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) 7/23/18 (Date)
Jasen A. Stock
(Print Name of lobbyist)